

Registration Form
Michigan State Data Center/Business and Industry Data Center Annual Meeting
April 1, 2005

Registration Fee: \$12.00*

Method of Payment: ☐ Master Card ☐ VISA ☐ Discover ☐ U.S. Check or Money Order

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Card Number _____ Expiration Date _____

Signature _____

Expiration Date _____ (Month/Year) Signature _____

Please make your U.S. check or money order payable to "State of Michigan," or complete the credit information above, and return it with this form to:

Department of History, Arts and Libraries
Receipt Processing
P.O. Box 30737
Lansing, MI 48915
Fax: (517) 373-5815

Please Print		
Name (Dr., Mr., Ms., Mrs., Miss) _____		
Title _____		
Organization _____		
Business address (Division/Office) _____		
City: _____	State: _____	Zip: _____
Daytime Telephone () _____ FAX Number () _____		
E-mail Address: _____		
<input type="checkbox"/> SDC Coordinating Agency <input type="checkbox"/> SDC Affiliate		
<input type="checkbox"/> Other, please specify _____		

Call **517-373-2548** if you need assistance making hotel reservations.

Please mail or fax your registration form to the above address by **March 22, 2005** to guarantee your registration. For information/questions, contact Darren Warner at (517) 373-2548.

<u>Emergency Contact Person:</u>	
Name: _____	Relationship: _____
Address: _____	
Telephone Number: _____	

* A registration fee is required to defer the costs of lunch and refreshments.